Comprehensive University Enhancement Fund (CUEF)
Undergraduate Student Research Experience Award Program (UREAP)

FACULTY MENTOR PROJECT SUPPORT FORM

Instructions

To complete and submit the Faculty Mentor Project Support Form:
This form is an editable PDF. You may complete the form electronically by saving this document as a blank PDF to your desktop then fill in all of the fields. Alternatively, you may print the form and manually fill in all the fields. Once it is manually filled, you can scan it electronically. Please send completed forms via confidential email to: studentresearch@tru.ca

Faculty Mentor Project Support Forms are to remain confidential from the UREAP applicant.

*Note: The Faculty Mentor Project Support Forms are worth **20%** of the overall adjudication.*

Student name: _____ Student number: _____

Faculty Mentor's Name: _____ Tel: _____

Email: _____ Department: _____

I have known this applicant for_____years and have taught_____courses to this applicant.

Project Evaluation

Please indicate if you strongly agree, agree, disagree, strongly disagree, or are unsure with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure
The project proposed is of scholarly merit	❑	❑	❑	❑	❑
The UREAP applicant has the ability to complete the project to a high academic standard	❑	❑	❑	❑	❑
This project has the potential to have significant impact within this field of research	❑	❑	❑	❑	❑
This project is feasible and can be completed in the 12-week allotted time	❑	❑	❑	❑	❑

Faculty Mentor

I will support, mentor, and guide this applicant in their research project as the:

❑Primary Faculty Mentor   ❑Secondary Faculty Mentor

Overall I: ❑ strongly support   ❑ support   ❑ do not support this student's UREAP application

UREAP Applicant Reference (500 words maximum)

Please use the space on this page for the applicant's reference letter.

UREAP applicant reference space

Signature of Faculty Mentor

Date (YYYY-MMM-DD)